FOR INSTRUCTIONS, SEE BACK OF FORM PAIGN DISCUSSIBLE TO FORM STATEMENT	
CHECK UNE:	
This is an initial* Statement of Organization This is an amended* Statement of Organization	DR-1 OF ORGANIZATION
*An initial Statement of Organization must be filed within 40 days for	For Office Use Only
committee that exceeds \$750 in activity for another office shall file within 1/	tion. A candidate with an open Audited
office solution and the campaign for the new office solution	ught.
COMMITTEE NAME (A candidate's committee must include the	e candidate's last name in the name of the committee.)
Isenhart Campaign for the Common Good	
(1) Statewide/Legislative/Judge Standing for Potention Condidate / 2	Statewide PAC (3)State Party (4)County Control Committee
(5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue(including committee involved in multiple city/county ballot issues)	
Name COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mandatory except for a candidate's committee)
Mailing Address \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
2742 Tittany Court	Mailing Address ↓ ↓
City, State J Zip Code J Sacol	City, State ↓ ↓ Zip Code ↓ ↓
Phone (563) 556 - 8000	Phone ()
e-Mail COY @ rkenling com	- NA-3
INDICATE PURPOSE OF COMMITTEE - Check One Box Adv	e-Mailocate for/against candidate(s) Advocate for hallot issue(s)
Comment or description: All Candidates Enter:	☐ Advocate against ballot issue(s)
Office Sought: State Representative	County/Local Candidates and Local Ballot Committees Enter:
Political Party (if applicable) Democratic Party	County: (If active in multiple ballot issue elections, attach list of counties
District: 27	
Year Standing for Election: 2008	Date of Election:
Bank Account Name	Candidate name & Address or Parent Entity (PACs, if applicable). ↓ ↓ Affiliate, or Sponsor
Name of Financial Institution/type of Account	Charles # Isenhart
,	Mailing Address ↓ ↓
Praniar Bank Checking Mailing Address +	1611 Main Street
	City ↓ ↓ State ↓ Zip ↓ ↓
$\frac{P.O. Box 420}{City \downarrow \downarrow} State \downarrow \downarrow Zip \downarrow \downarrow$	<u>Nubrave</u> 1A 52001
	1261
	Phone (563) 557~1261
Dubrique A 52004-0420	Phone (563) 557-1261 e-Mail Openureyes@aol.com
	e-Mail _ openureyes@a_ol.com
STATEMENT OF AFFIRMATION: By filing this document the committee affin	e-Mail _ openureyes@a_ol.com
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